A	MENDMENT OF SOLICITATI	ON/MODI	FICATION OF CO	ONTRACT	1. C C	ONTRACT ID COL	ЭE	PAGE OF PAGES 1 13
2. AM NO.	ENDMENT/MODIFICATION A002		CTIVE DATE 01/12/2012	4. REQUISIT NO.	TION/PI	URCHASE REQ.	5. PROJE applicable	CT NO. (If
877 I Arca Preto	oria			CODE	STERF	E D BY (If other than		
8. NAN Code)	IE AND ADDRESS OF CONTR	ACTOR (A	NO., street,city,coun	ty,State,and ZIP		9a. AMENDMEN S-	NT OF SOL. SF750-12-R	
						9b. DATED (SEE 11/01/2011	TITEM 11)	
						10a. MODIFICA CONTRACT/OF		
						10b. DATED (SE	E ITEM 13)	
	11. TH	IS ITEM (ONLY APPLIES T	O AMENDMEN'	TS OF	SOLICITATIONS		
Offers in method copy of FAILU OFFEI amendr or letter	The above numbered solicitation is [X] is extended, [] is not extended, [] is not extended acknowledge receipt of this at states: (a) By completing Items 8 and 1 is the offer submitted; or(c) By separate (Color of the Color of	extended mendment p 5, and retur rate letter or MENT TO DATE SP already sub- and this ar	prior to the hour and ning3 copi r telegram which inc D BE RECEIVED A PECIFIED MAY R mitted, such change mendment, and is re	date specified in t les of the amendme cludes a reference AT THE PLACE ESULT IN REJE may be made by t	the solic ent;(b) I to the so DESIG ECTION	citation or as amende By acknowledging re colicitation and amend BNATED FOR THE NOF YOUR OFFE In or letter, provided e	d, by one of eceipt of this diment number RECEIPT R. If by virteach telegran	amendment on each ers. OF ue of this
12. AC	COUNTING AND APPROPRIA	TION DA	IA (If required)					
						ONTRACTS/ORDE IBED IN ITEM 14.		
	A. THIS CHANGE ORDER IS THE CONTRACT ORDER NO. II B. THE ABOVE NUMBERED (in paying office, appropriation date, etc.)	N ITEM 10. CONTRAC	A. T/ORDER IS MOD	DIFIED TO REFLE	ЕСТ ТН	E ADMINISTRATI	VE CHANC	
	C. THIS SUPPLEMENTAL AG	REEMENT	IS ENTERED INT	O PURSUANT T	O AUT	HORITY OF:		
	D. OTHER (Specify type of mode	fication and	d authority)					
E. IMP	ORTANT: Contractor [] is not, [] is require	d to sign this docum	nent and return	_ copie	es to the issuing offic	ce.	
	SCRIPTION OF AMENDMENT easible.)	/MODIFIC	C ATION (Organize	ed by UCF section	heading	gs, including solicita	tion/contrac	t subject matter
A.	Closing Date: The closing datime	ate, as ident	ified in box 9 of the	solicitation cover	sheet, is	s extended until Feb	ruary 17, 20	012 at 5:00 PM local

- B. Sections B.2.3, B.2.4, B.2.5 are deleted. Sections B.2.1 and B.2.2.: Titles are revised as: **Monthly** rates per employee.
- C. Section B.2.1.:Total at the bottom is revised to read: Total price for base year (subtotal x 12).
- D. Sections B.2.2.: Text at the bottom is revised to read Total price for option year 1 (subtotal x 12)
- E. Section B.3.2.: Revised to read: Fill in the **monthly** non- health care cost for each period of performance and for each category of premium. Also delete rows for Option year 2, Option year 3, Option year 4.
- F. Section C.1.1. paragraph 1, amended to read: The health benefits under this contract are as follows. **Reimbursement of covered expenses** is limited to the stated percentages of reimbursement of prepackaged medical plan (to conform with prescribed minimum benefits as noted in the medical schemes act). Proposals that contain more benefits (even if there is no increase in cost) or fewer benefits than stated in the solicitation may be deemed technically unacceptable.
- G. Section C.1.1. paragraph 3, amended to read: The diagnosis, treatment and care costs of a prescribed minimum benefit condition will only be paid in full by the medical scheme if those services are obtained from a <u>designated service provider</u> in respect of that condition, except in the case of emergencies, when non-designated service providers may be used in accord with provisions of South African law.
- H. Section C.1.1. Addition to paragraph 4: Beneficiaries in Lesotho may use designated service providers in South Africa. Beneficiaries from Lesotho may also use certain providers of service for such services that are unavailable in Lesotho but are available in South Africa.
- I. Paragraph C.1.1.6. is deleted and is replaced by: Optical Care: 100% reimbursement of prepackaged medical plan for eye examination and treatment and prescription eyeglass or contact lenses. Limited to one set of lenses/frames per patient. The maximum reimbursement for the frame is limited to a total of ZAR 3,050 of prepackaged medical plan or glasses (frames and lenses) or contact lenses per person. No reimbursement for nonprescription lenses or tinting.
- J. Paragraph C.1.1.7. is deleted and is replaced by: **Dental Care: The limit for dental expenses is up to 17,400 ZAR of prepackaged** medical plan per person for dental service including dentist's fees, X-ray, examination, and treatment, cleaning, fillings, extractions, false teeth, crowns, and bridges. Orthodontia treatment is covered only if treatment begins before age 15, unless required as a result of an accident. A maximum of four years of orthodontia treatment will be covered per patient.
- K. Paragraph C.1.1.9. is deleted and is replaced by: **Psychologist Treatment: 100% reimbursement of prepackaged medical plan up to single member: 10,000 ZAR; with one dependent: 13,500; with two dependents: 16,500 ZAR; and with three or more dependents: 19,000 ZAR.**
- L. Paragraph F.2. is revised as follows: PERIOD OF PERFORMANCE: The period of performance for this contract is one year beginning on January 1, 2013, with **One** (1) one-year option to renew.
- M. Paragraph G.4.1 is revised to clarify the email address: **Pretoria Embassy Invoice@state.gov**
- N. G.4.2: Last sentence is revised to read: Invoices may be submitted **monthly** with payments being made **semi-monthly** by the Government.
- O. Section L.4.3.2. is revised to read as follows: List **five** contracts and subcontracts **of the same magnitude as this solicitation** your company has held over the past three years for the same or similar work.
- P. Parargraph (a) of 52.216-19 is revised to read as follows: Minimum Order. When the Government requires supplies or services covered by this contract in an amount less than one **monthly** premium, the Government is not obliged to purchase, nor is the Contractor obliged to furnish, those supplies or services under the contract.
- Q. Paragraph (c) of 52.217-9 is revised to read as follows: The total duration of this contract, including the exercise of any options under this clause, shall not exceed **twenty-four months or two years**.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or pr	rint)	16A. NAME OF CONTRACTING OFFICER				
15B. NAME OF CONTRACTOR/OFFEROR	15C.DATE	16B. UNITED STATES OF AMERICA	16C.DATE			
	SIGNED		SIGNED			
BY		BY				
(Signature of person authorized to sign)		(Signature of Contracting Officer)				